



Family Planning – Title V: Maternal and Child Health

Part of the funding source for the Family Planning Program comes from the Title V Block Grant Program. The grants' purpose is the creation of Federal-State Partnerships to develop state and local systems to meet critical challenges facing women, children and families. The challenges Title V Federal-State Partnerships currently address as they relate to family planning include providing comprehensive care for women before pregnancy and childbirth, providing preventive and primary care services for adolescents, reducing adolescent pregnancy, and putting into community practice national standards and guidelines (for example, for health supervision of adolescents).

If the funding level is decreased, this will place a strain on the program's budget, resulting in fewer funds to implement the overall program. Salaries would be affected, which will result in the reduction of field staff, which would increase wait times in the health units. A decrease in funding will also limit the types of contraceptives that are currently available on the formulary, reduce the number of contraceptives, and may cause an increase in the amount of funds the state would pay towards the program. Other affects would be a limited number of external contracts and limited educational materials that are made available to clients through our public health units and other venues. The end result could be an increase in births, sexually transmitted diseases, breast and cervical cancer, etc. If funding were increased, services statewide could be expanded.

Objective

By June 30, 2011, continue collaborate efforts with the Maternal and Child Health Program in promoting the health and well being of women of child bearing age, pregnant women, and adolescents.

Performance Indicators

1. Maintain a consistent decrease in wait time for appointments for family planning services to less than 28 days at 40% of clinics for adolescent and limited English proficient clients.

2. Increase efforts to involve family in young clients' reproductive decision- making and include appropriate counseling and documentation of family involvement encouragement in family planning encounters.
3. Increase the number of females receiving folic acid by 100%.
4. Increase the number of available reproductive health education materials by 15%.

Narrative

The Title V Maternal and Child Health Block Grant provides funding of services associated with the health and well being of women of child-bearing age, pregnant women, infants, children, teens, and children with special health care needs. Since 1935, Title V has promoted the nation's goals for healthy mothers and children.

The Title V Block Grant Program requires that every \$4 of federal Title V money must be matched by at least \$3 of State and local money. This "match" results in the availability of more than 2 billion additional dollars for MCH programs annually at the State and local level. The program also requires that a minimum of 30% of federal funds be used to provide preventive and primary care services for children. State MCH programs, meet their Title V Block Grant responsibilities through a wide range of programs, with specific goals inclusive of developing family-centered, coordinated, community-based systems of care, participating in interagency coordination, and submitting annual reports reviewing program developments, health status and service data, and progress in meeting State and national health objectives. The family planning program assists in providing reporting on the promotion of adolescent health care and disease prevention and on women of reproductive age. Activities relative to adolescent health include:

- Distributing information and educational materials used to inform, teach and encourage adolescents in the prevention of pregnancy
- Contracting with a site that is dedicated to providing services solely to the adolescent population, and
- Conducting outreach activities targeting the adolescent population including the Take Charge Family Planning Waiver Program.
- Continuing to implement the statewide Education and Outreach Plan to target adolescents to prevent and decrease teen pregnancy

Activities relative to women of reproductive age include providing:

- Complete physical exams, including pap smears, breast and cervical cancer screening and unlimited visits throughout the year
- Risk assessment and STD/HIV screening and treatment and Laboratory Testing
- Reproductive health counseling, education and provision of all contraceptive methods

- Social Services Referrals, Nutrition Counseling/Referral and Infertility Evaluation (Level I)
- Sterilization Counseling, Education and Referral (Tubal Ligation)
- Take Charge Family Planning Medicaid Waiver Services
- Continue collaborative efforts in implementing the folic acid project

Family planning not only provides reproductive health services, but also promotes health seeking behavior and disease prevention, and enhances community access to services. Services provided affect females of reproductive age, adolescents, low income individuals, and the underinsured and uninsured.

The Family Planning Program collaborates with the MCH Program in reducing adolescent pregnancy, providing preventive and primary care services for adolescents and in providing comprehensive care for women before pregnancy and childbirth. The program not only provides services in the public health units, it collaborates with Tulane University Adolescent Drop-In Clinic and Medicaid. The names of Medicaid Providers that are willing to accept the TAKE CHARGE Medicaid Waiver are provided and distributed throughout the regions.

Nearly half (46%) of all 15-19-year-olds in the United States have had sex at least once. By the time they reach age 19, seven in 10 teens have engaged in sexual intercourse. Most young people have sex for the first time at about age 17, but do not marry until their middle or late 20s. This means that young adults are at risk of unwanted pregnancy and sexually transmitted infections for nearly a decade. *Facts on American Teens' Sexual and Reproductive Health*,

The rate of births to those aged 15-19 in 2004 was 62 per 1000 females in that specific age group compared to the national average of 41. Louisiana ranked 45th in the nation for rates of teenage births. *Family Planning Program Needs Assessment*

Adolescents are in most need of state-provided family planning services, as they are often the least likely to have the out-of-pocket resources to pay for contraception and have a harder time accessing needed reproductive health services. Family planning clinics are often the only source of medical care and health information for most of the people who attend the clinics. *Family Planning Program Needs Assessment*

Family Planning Services in Parish Health Units- Louisiana Code RS 40:12 and Louisiana Code RS 40:26

Title X Family Planning Program- Public Law 91-572; Authority: 42 U.S.C. 300a-4; Statue and Regulations 45 CFR Part 59.

Without family planning services, the consequences can be severe. Studies that have been conducted show the following:

- A sexually active teen who does not use contraceptives has a 90% chance of becoming pregnant within a year.
- Eighty-two percent of teen pregnancies are unplanned; they account for about one in five of all unintended pregnancies annually.
- Eleven percent of all U.S. births are to teens.

Facts on American Teens' Sexual and Reproductive Health

- In 2006, family planning services helped women avoid 4.94 million unintended pregnancies. Contraceptive services at publicly funded clinics helped prevent 1.48 million of these unintended pregnancies. Without publicly funded family planning services, the number of unintended pregnancies and abortions occurring in the United States would be nearly two-thirds higher among women overall and among teens.
- Publicly funded clinic services afford considerable fiscal benefits to federal and state governments- \$4.3 billion in savings in a single year. For every dollar spent, the government saves \$4.02. These estimated savings come from avoiding the public-sector costs for maternal and infant care that would otherwise result from births women had wanted to avoid. *Guttmacher Institute*

The following are examples of positive news as it relates to serving adolescents.

- Teens are waiting longer to have sex than they did in the past. Some 13% of females and 15% of males aged 15-19 in 2002 had had sex before age 15, compared with 19% and 21%, respectively, in 1995.
- The majority of the decline in teen pregnancy rates is due to more consistent contraceptive use; the rest is due to higher proportions of teens choosing to delay sexual activity.